



JOHN R. JUSTICE STUDENT LOAN REPAYMENT PROGRAM
CONSENT TO RELEASE OF INFORMATION
BANK OF NORTH DAKOTA
STUDENT LOAN SERVICES
SFN 59648 (12-2014)

Consent to Release of Information (to be completed by Applicant)				
Last Name		First Name		Middle Initial
Street Address		City	State	ZIP Code
My signature authorizes the student loan lender listed below to provide loan information to Bank of North Dakota upon request.				
Signature of Applicant _____ Date (mm/dd/yyyy) _____				

Lender Name		Account Number		
Street Address		City	State	ZIP Code

Please make copies of this page if needed for multiple lenders.